

PLACE OF BIRTH

1. County of Maricopa
 District of _____
 Town of Miami
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 98
 County Registrar No. 608
 Local Registrar No. _____

2. Full name of child Amado Sandoval
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child male
 To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth 7
 6. Legitimate? yes
 7. Date of birth Aug. 1-1924
 Month day year

8. FATHER
 Full name Amado Sandoval
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state Ariz.

14. MOTHER
 Full maiden name Cedra Lopez
 15. Residence (Usual place of abode) Miami
 If nonresident, give place and state Ariz.

10. Color or race Mex.
 11. Age at last birthday 40 (Years)

16. Color or race Mex.
 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Sinaloa
 (State or country) Mex.

18. Birthplace (city or place) Sinaloa
 (State or country) Mex.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
 (b) Born alive but now dead 6
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:45 p.m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.)
 Signature Cyril M. Brown M.D.
 Address Miami, Ariz.
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed Aug 31, 1924
 Filed 9-3, 1924
 Local Registrar. _____
 County Registrar. _____

123-801-539

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.